

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	WRIST ARTICULATION PROSTHESIS AND SET OF ELEMENTS ALLOWING BUILDING OF THIS PROSTHESIS
Attorney Docket Number::	0573-1009
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: CHRISTIAN
Middle Name::
Family Name:: SARTORIUS
City of Residence:: MEYLAN
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 29 AVENUE DES MURIERS

City of Mailing Address:: MEYLAN
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-38240

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: ADIL
Middle Name::
Family Name:: TRABELSI
City of Residence:: VILLENEUVE LEZ AVIGNON
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: CHEMIN DE SAFRUS

City of Mailing Address:: VILLENEUVE LEZ AVIGNON
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-30400

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: JEAN-JACQUES
Middle Name::
Family Name:: MARTIN
City of Residence:: BOURG EN BRESSE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 13 BOULEVARD VICTOR HUGO

City of Mailing Address:: BOURG EN BRESSE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-01000

Correspondence Information

Correspondence Customer 000466
Number::

Representative Information

Representative Customer	000466
Number::	

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::